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U.S. Department of Justice

Federal Bureau of Prisons

Office of the General Counsel

Washington, DC 20534

OCT 07 2019

MEMORANDUM FOR M. D. SMITH, WARDEN
U.S. MEDICAL CENTER FOR FEDERAL PRISONERS
SPRINGFIELD, MISSOURI

FROM: 
Ken Hyle
Assistant Director/General Counsel

SUBJECT: MILLER, Randall E.
Federal Register No. 05019-089
Request for Reduction in Sentence

Please be advised that Mr. Miller's request for a reduction in sentence (RIS) pursuant to 18 U.S.C. § 3582(c)(1)(A)(i) and PS 5050.50, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C. §§ 3582(c)(1)(A) and 4205(g), section 3(b) ("Debilitated Medical Condition") is denied. We have carefully reviewed the documentation accompanying this request and have consulted with the BOP's Medical Director.

Section 3(b) provides that RIS consideration may be given to an inmate who has an incurable, progressive illness or who has suffered a debilitating injury from which he will not recover. An inmate is considered to be in a "debilitated medical condition" when he is: (1) completely disabled, meaning he cannot carry on any self-care and is totally confined to a bed or chair; or (2) capable of only limited self-care and confined to a bed or chair for more than 50 percent of his waking hours.

Mr. Miller, age 60, has a history of gastroesophageal reflux disease, rheumatoid arthritis (RA) diagnosed in 2017, remote trauma to the right lower extremity leading to a below-the-knee amputation (BKA), and subsequent right above-the-knee amputation (AKA) in April 2019. After the BKA, Mr. Miller was able to ambulate with a prosthesis; however, with the recent AKA and RA, he is now wheelchair bound and primarily relies on a pusher for mobility. He also requires assistance with transfers to and from his bed. Due to RA-related pain, he has been unable to participate in physical therapy (PT) for strength and balance training required for future prosthesis fitting and ambulation.

He has been monitored by a rheumatologist, has tried Humira, Remicade, and Simponi, and is scheduled for a follow-up rheumatology evaluation. He is currently being treated with steroids and methotrexate, which is causing gastrointestinal intolerance and decreasing his appetite. Due to his need for assistance with the majority of his activities of daily living (ADLs) and instrumental ADLs, he was placed on the inpatient medical unit. He remains able to feed himself with setup, transfer, use the toilet, and operate the telephone and computer.

Mr. Miller's condition could improve with additional interventions. Specifically, with optimized treatment of his RA and pain, he could participate in the required PT and move toward becoming more independent with his ADLs and instrumental ADLs. Accordingly, he does not meet the criteria for a RIS under section 3(b) at this time, and his RIS request is denied. He may submit a new RIS request if indicated following rheumatology consultations, medication adjustments, and PT as indicated.

Please provide Mr. Miller with a copy of this decision.

cc: J. E. Krueger, Regional Director, North Central Region